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N.J. BOARD OF DENTISTRY  
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ATTORNEY GENERAL OF NEW JERSEY  
Division of Law  
124 Halsey Street  
P.O. Box 45029  
Newark, New Jersey 07101  
Attorney for State Dental Board

CERTIFIED TRUE COPY

By: Nancy Costello Miller  
Deputy Attorney General  
(973) 648-4735

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
BOARD OF DENTISTRY

IN THE MATTER OF

EDGAR P. LEA, D.D.S.  
License No. DI 7435

Administrative Action

CONSENT ORDER

LICENSED TO PRACTICE DENTISTRY  
IN THE STATE OF NEW JERSEY

This matter was opened to the New Jersey State Board of Dentistry ("Board") upon receipt of information that Edgar P. Lea, D.D.S. ("respondent"), failed to treat patients M.D., M.E.D., and R.S. in a manner consistent with the standard of care in this State. On January 19, 2000, respondent appeared with counsel, Donald W. Morrow, Esq., at an investigative inquiry into the matter held by the Board.

Having reviewed the entire record, including patient records and the testimony of respondent at the investigative inquiry, it appears to the Board that respondent's diagnosis of and treatment plans for the three patients were inadequate, his execution of the treatment plans was substandard, and his failure to have taken adequate x-rays in

connection with the treatment rendered was outside the standard of care for treatment in this State. Further, it appears that respondent failed to keep adequate patient records.

These facts establish basis for disciplinary action pursuant to N.J.S.A. 45:1-21(d) and (h). As it appears that respondent desires to resolve this matter without recourse to formal proceedings and for good cause shown:

IT IS ON THIS 19<sup>th</sup> DAY OF April, 2000

HEREBY ORDERED AND AGREED THAT:

1. Respondent shall successfully complete the following continuing education: fourteen (14) hours in basic diagnosis and treatment planning and seven (7) hours in record keeping. These courses shall be completed within six (6) months of the entry of this Consent Order. Further, these courses, which are in addition to the regularly required continuing education hours, shall be approved by the Board in writing prior to attendance. Respondent also shall be required to complete the attached continuing education Report and Proof of Attendance as proof of successful completion of the required course work. The attached forms are made a part of this Consent Order, and a separate form is to be used for each course.

2. Respondent is hereby assessed civil penalties, pursuant to N.J.S.A. 45:1-22 in the amount of \$ 8,000, which sum reflects a penalty of \$7,500 (\$2,500 x3 patients) for violations of N.J.S.A. 45:1-21(d) for ~~repeatedly failing to perform work within the standard~~ of care of this State, and \$500 for violation of N.J.S.A. 45:1-21 (h) for failing to maintain adequate patient records. Payment shall be made no later than 60 days from the entry of this Consent Order. Payment for the civil penalties totaling \$8,000 shall be submitted by certified check or money order made payable to the State of New Jersey and shall be sent

to Agnes M. Clarke, Executive Director, Board of Dentistry, P.O. Box 45005, 124 Halsey Street, Sixth Floor, Newark, New Jersey 07101. Subsequent violations will subject respondent to enhanced penalties pursuant to N.J.S.A. 45:1-25.

3. Respondent is hereby assessed the costs of the investigation to the State in this matter in the amount of \$ 126.86. Payment for the costs shall be submitted by certified check or money order made payable to the State of New Jersey and submitted to the Board no later than twenty-one days from the entry of this Consent Order. Payment shall be sent to Agnes M. Clarke at the address described in paragraph #2.

4. Failure to remit any payment required by this Order will result in the filing of a certificate of debt and may result in additional disciplinary action by the Board.

NEW JERSEY STATE BOARD OF DENTISTRY

By: \_\_\_\_\_

 DDS  
Henry Finger, D.D.S.  
Board President

I have read and understand this Consent Order and agree to be bound by its terms.  
I consent to the entry of this Order.

 DDS  
Edgar P. Lea, D.D.S.

4-6-00  
Date



## State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
NEW JERSEY STATE BOARD OF DENTISTRY  
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ

CHRISTINE TODD WHITMAN  
Governor

John J. Farmer, Jr.

Attorney General  
MARK S. HERR  
Director

### CONTINUING EDUCATION COURSE PRE-APPROVAL SHEET

\*\*\*ATTACH COURSE DESCRIPTION AND/OR BROCHURE AND SUBMIT AT LEAST 30 DAYS PRIOR TO COURSE DATE. THE BOARD CANNOT ASSURE APPROVAL FOR COURSES PROVIDED ON SHORT NOTICE. A SEPARATE FORM IS TO BE USED FOR EACH COURSE. A COPY WILL BE RETURNED TO YOU AFTER APPROVAL OR DENIAL BY THE BOARD.\*\*\*

Mailing Address:  
P.O. Box 45005  
Newark NJ 07101  
(973) 504-6405

DENTIST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

NAME OF COURSE \_\_\_\_\_

SPONSOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

\_\_\_\_\_  
COURSE PRE-APPROVED BY BOARD DATE \_\_\_\_\_

\_\_\_\_\_  
COURSE NOT ACCEPTED BY BOARD DATE \_\_\_\_\_

DATE \_\_\_\_\_

AGNES M. CLARKE  
EXECUTIVE DIRECTOR



State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
NEW JERSEY STATE BOARD OF DENTISTRY  
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CHRISTINE TODD WHITMAN  
Governor

John J. Farmer, Jr  
Attorney General

MARK S. HERR  
Director

CONTINUING EDUCATION REPORTS  
AND PROOF OF ATTENDANCE

Mailing Address:

All reports should be typewritten. If more than one course is required, this report form may be duplicated. Please complete all sections in the spaces provided. A separate form is to be used for each course.

P.O. Box 45005  
Newark NJ 07101  
(973) 504-6405

1. Name of Dentist and License Number
2. Title of Course, Instructor and Location      Date of Course
3. Was prior approval for the course obtained: Yes \_\_\_\_\_ No \_\_\_\_\_  
\*\* If the answer is NO, please explain the reason:
4. Name, address and phone number of the sponsoring organization and the name of the representative in charge of attendance.
5. Hours of course attendance
6. Attach a copy of all course/lecture handouts. Number of pages attached \_\_\_\_\_
7. Attach a copy of proof of payment for the course and any other proof of attendance. (e.g. cancelled check, copy of certificate, letter from sponsor)
8. Describe with some specificity one new diagnosis or treatment or product or material about which you learned at the course. (Use the back of this sheet.)

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PROOF OF ATTENDANCE:

The undersigned hereby verifies that the above named dentist attended and successfully completed the course listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title